

APPLICATION DATA SHEET

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Title:: System and Method to Subdurally Locate
a Catheter or Lead

Attorney Docket Number:: 1027.P010USC1

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 2

Total Drawing Sheets:: 8

Small Entity?: Yes

Petition Included?: No

Petition Type::

Secrecy Order in Parent Appl.?: No

Applicant Information

| | |
|---|-------------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Christopher |
| Middle Name:: | A. |
| Family Name:: | Crawford |
| Name Suffix:: | |
| City of Residence:: | Grapevine |
| State or Province of Residence:: | TX |
| Country of Residence:: | US |
| Street of Mailing Address:: | 501 Turner Road, # 1614 |
| City of Mailing Address:: | Grapevine |
| State or Province of Mailing Address:: | TX |
| Country of Mailing Address:: | US |
| Postal or Zip Code of Mailing Address:: | 76051 |

Correspondence Information

Correspondence Customer Number::

Name:: Koestner Bertani, LLP
Street of Mailing Address:: P.O. Box 26780
City of Mailing Address:: Austin
State or Providence of Mailing Address:: TX
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 78755
Phone Number:: (512) 339-4100
Fax Number:: (512) 692-2529
E-Mail Address:: rmclauchlan@kbpatents.com

Representative Information

| Representative Designation:: | Registration Number:: | Representative Name:: |
|------------------------------|-----------------------|-----------------------|
| Primary | 44,924 | Robert A. McLauchlan |
| Associate | 42,321 | Mary Jo Bertani |
| Associate | 33,004 | Ken J. Koestner |
| Associate | 45,513 | Peter R. Lando |

Priority Information

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|---------------|----------------------|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This | An application | 60/440,456 | 01/16/03 |
| Application | claiming the benefit | | |
| | under 35 USC 119(e) | | |

Assignee Information

| | |
|---|--|
| Assignee name:: | Advanced Neuromodulation Systems, Inc. |
| Street of Mailing Address:: | 6501 Windcrest Drive, Suite 100 |
| City of Mailing Address:: | Plano |
| State or Province of Mailing Address:: | TX |
| Country of Mailing Address:: | US |
| Postal or Zip Code of Mailing Address:: | 75024 |